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CONFIRMATION NO. 8295

SERIAL NUMBER 10728,531	FILING DATE 12/05/2003  RULE	CLASS 523	GROUP ART UNIT 1714	ATTORNEY DOCKET NO. P03396
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 03/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowances	STATE OR COUNTRY NY	SHEETS DRAWING 0	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
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Verified and Acknowledged *John S. Parn* Examiner's Signature Initials

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 23702  
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TITLE  
 Surface modification of contact lenses

FILING FEE  RECEIVED 788	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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